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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Box Reissue Commissioner For Patents Washington, DC 20231	Attorney Docket No.	18602-06614
	First Named Inventor	Eric C. Anderson
	Original Patent Number	6,011,585
	Original Patent Issue Date (Month/Day/Year)	01/04/2000
	Express Mail Label No.	EL734639335US

APPLICATION FOR REISSUE OF:
(check applicable box) ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form ((PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (unsigned) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent <input type="checkbox"/> Original U.S. Patent for Surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input type="checkbox"/> Other: _____
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	

*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below	
00758			
Name (Print/Type)	Kirk A. Gottlieb	Registration No. (Attorney/Agent)	42,596
Signature		Date	January 4, 2002

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

18602-06614

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate Fee	
(A) 35	Total Claims (37 CFR 1.16(j))	(B) 46	**** 9 =	x \$ _____ =		or	x \$18.00 = 162.00
(C) 6	Independent Claims (37 CFR 1.16(i))	(D) 11	* 5 =	x \$ _____ =			x \$84.00 = 420.00
Basic Fee (37 CFR 1.16(h))							\$ _____
Total Filing Fee					\$ _____	OR	\$ 1,322.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 35 =	* = 9	x \$ _____ =	or	x \$18.00 = 162.00	
Independent Claims (37 CFR 1.16(i))	*** 11	MINUS	***** 6 =	= 5	x \$ _____ =		x \$84.00 = 420.00	
Total Additional Fee					\$ _____	OR	\$ 582.00	

If the entry in (D) is less than the entry in (C), Write "0" in column 3.

If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

After any cancellation of claims

If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. _____ in the amount of _____.

A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.

A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ **PLEASE DEFER** to cover the filing fee is enclosed.January 4, 2002
Date

Signature of Applicant, Attorney or Agent of Record

Kirk A. Gottlieb, Reg. No. 42,596

Typed or printed name